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A Conceptual and Clinical Review of *Apastamba Marma* in *Ayurveda*

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Abstract

Ayurveda, an ancient science, offers detailed descriptions of the anatomy and physiology of the human body (*Sharira*) in its classical texts (*Samhitas*). Among these, the concepts of *Marma* hold special significance. *Marma* points are vital spots where structures like *Mamsa* (muscle), *Sira* (vessels), *Snayu* (connective tissue), *Asthi* (bone), and *Sandhi* (joints) converge, and where *Prana* (life force) resides. Out of the 107 *Marma* described by *Acharyas*, *Apastambha Marma* is classified under *Urogata Marma* (located in the chest region). According to *Sushruta, Apastambha Marma* is a *Sira Marma* and a *Kalantara Pranahara Marma*, whereas *Vagbhata* categorizes it as a *Dhamani Marma*. It is located bilaterally on the chest, near the 3rd costal cartilage, and is associated with the *Vatavaha Sira* (air-carrying channels). Injury (*Viddha*) to this *Marma* results in symptoms such as *Kasa* (cough), *Shwasa* (dyspnoea), and in severe cases, *Marana* (death). Anatomically, this *Marma* corresponds to the region of the principal bronchi and adjacent pulmonary and bronchial vessels, which aligns with the descriptions of both *Sushruta* and *Vagbhata*. This review aims to highlight the anatomical position, structural composition, and clinical significance of *Apastambha Marma* based on *Ayurvedic* texts and modern anatomical correlation.

Keywords: *Apastambha Marma, Ayurveda*, Anatomy, *Urogata Marma, Sira, Dhamani, Kalantara Pranahara Marma.*

Introduction

Marma (vital points) are described in *Ayurveda* as specific sites in the human body where there is a confluence of *Mamsa* (muscle), *Sira* (blood vessels), *Snayu* (ligaments/tendons), *Asthi* (bones), and *Sandhi* (joints), and where *Prana* (life force) resides. These are the vital centers, and injury to them can lead to severe pain, deformity, or even death.

Knowledge of *Marma* is regarded as half the science of *Shalyatantra* (Ayurvedic surgery), emphasizing its clinical importance. It is stated that those who are injured at these vital spots may die immediately or suffer serious, life-threatening ailments. Even if survival is achieved due to the physician's expertise, permanent deformity is almost certain[1]. Even minor injury to a *Marma* can produce intense pain, and diseases that arise at *Marma* sites are particularly difficult to treat, thus requiring special care and effort[2].

Ancient *Ayurvedic* texts give significant attention to *Marmas*, classifying them as 107 in number, and explaining their locations and effects in separate chapters. One such vital point is the *Apastambha Marma*, classified under *Urogata Marma* (chest region), where two *Vatavaha Nadis* (channels carrying the *Vata* or life force) are present. In cases of injury to *Urogata Marma*, *Marana* (death) is often the end result, making *Apastambha Marma* of critical clinical significance. A modern interpretation of *Marma* injury presents it in three possible ways: (1) localized death of tissue due to ischemia, (2) death due to thrombus dislodgment causing pulmonary embolism, and (3) excessive blood loss leading to a condition resembling *Marana Sadrushya Dukha*[3].

In the classical texts, *Sushruta Samhita* describes injury to *Apastambha Marma* as leading to *Vata Purna Kostha* (thorax filled with air), which produces *Kasa* (cough) and *Shwasa* (dyspnoea), ultimately causing death. However, in *Astanga Hridaya*, the description varies, stating that the thorax becomes filled with *Rakta* (blood) due to injury. According to *Dalhanacharya*, the term *Marma* comes from the root *"Maryanti iti Marmani"*, meaning "those sites where trauma causes death."

Acharya Sushruta has classified *Marma* based on anatomical junctions and prognosis. These are the vital places where *Prana* is specifically situated, and injury to them results in physical disturbances depending on their structural components[4]. According to *Charaka, Marmas* are vital organs where *Prana* or *Chetana* resides[5]. *Vagbhata* identifies *Marmas* as points that are painful upon pressure and exhibit abnormal pulsation, calling them the seats of *Jiva* (life).[6]

The study of *Marma Sharira*, though rooted in classical texts, provides insight into trauma and critical care. *Marmas* are further classified based on structure involved, injury consequences, location, and dimension[7]. There are two *Apastambha Marmas*, located in the front of the chest, associated with *Vatavaha Nadis*, and are responsible for fatal consequences on injury due to *Kasa* and *Shwasa*[8]. *Astanga Hridaya* describes the injury site as bilateral to *Ura* (sternum) and notes the thorax fills with blood following injury[9].

There is disagreement among scholars about the structural classification of this *Marma:*

- *Sushruta* classifies it as a *Sira Marma.*
- *Vagbhata* classifies it as a *Dhamani Marma.*
- It is considered as *Kalantara Pranahara Marma* as per prognosis.
- It belongs to *Urogata* and *Madhyasharirgata Marmas* based on location.
- Its dimension is mentioned as ½ *Angula*[10].

The concept of *Pratyanga* was elaborated by *Sushruta* after explaining the formation of *Garbha* and the definition of *Sharira*, wherein *Marma* is

considered a type of *Pratyanga* based on *Sankhya*[11]. Although *Charaka* mentioned 107 *Marmas,* he primarily focused on the *Trimarma* - *Hrudaya, Shira,* and *Basti*[12]. *Sushruta,* on the other hand, elaborated all 107 *Marmas* along with their *Viddha Lakshana*[13]. *Marma* is thus considered as half of *Shalyatantra*, and any injury even if survived may result in permanent deformities[14]. *Apastambha Marma* is a *Urogata Kalantara Pranahara Marma*, classified structurally as *Sira Marma*, with effects like *Vata Poornakoshta, Kasa,* and *Shwasa*, leading to *Marana*[15]. It is also described in some texts as causing *Rakta Poornakoshta*, hence classified as a *Dhamani Marma*[16].

उभयत्र उरसो नाड्यौ वातवहे अपस्तम्भौ नाम,

तत्र वातपूर्ण कोष्ठतया कास श्वासाभ्यां च मरणम्।

(सु.शा.6/25)

Description of *Apastambha Marma*

Shadanganusara	*Urogata Marma*
Rachananusara	*Sira Marma* - According to *Sushruta* *Dhamani Marma* - According to *Vagbhata*
Parinamanusara	*Kalantara Pranhara Marma*
Sankhya	2
Praman	½ *Angula*
Guna	*Saumyagneya*
Viddha Lakshana	*Vatapurnakoshta, Kasa, Shwasa, Marana*

Review of Literature

The *Anguli Pramana* (standard unit of measurement) for *Apastambha Marma* is described as half an *Angula*[17]. This half-*Angula* is estimated to be nearly 1 cm in modern metric units. According to *Sushruta*, this *marma* is situated on either side of the chest (*Ura*) where two *Vatavaha Sira* (air-carrying tubular structures) are located. If injured, it produces signs such as distension due to *Vata* (*Vatapoornakoshtataya*), cough (*Kasa*), difficulty in breathing (*Shwasa*), and can be fatal (*Marana*). *Vagbhata* also identifies this *marma* on both sides of the chest near the *Parshwa* (flanks), where the *Vatavaha Sira* carrying *Anila*(air) are found. Injury at this location may result in symptoms like blood-filled thoracic cavity (*Raktena Poornakoshta*), breathing difficulty (*Shwasa*), cough (*Kasa*), and ultimately death (*Nashyate*)[18]. *Arundatta* further emphasizes that the *Apastambha Marma* is present in two numbers.

Contemporary scholars have tried to anatomically correlate the position of *Apastambha Marma*. It is suggested to be situated slightly medial and inferior to the nipples, approximately at the level of the third thoracic vertebra. This *marma* is associated with the regulation of *Kledaka Kapha, Asthivaha,* and *Medovaha srotas*. According to a published article, *Apastambha Marma* may correspond to the bronchial region, located anteriorly on the thorax, where the windpipe bifurcates and enters the lungs. Other scholars have related this *marma* to several thoracic structures such as the pulmonary artery and its branches, pulmonary veins, descending aorta, lymphatic drainage to the pectoral group, and various segments including the tracheobronchial and broncho-pulmonary regions. Muscular structures such as the pectoralis major, pectoralis minor, and intercostal muscles are also thought to be associated with this *marma*[19]. There is further anatomical consideration for *Apastambha Marma* involving structures like the phrenic nerve, vagus nerve, common carotid

artery, and subclavian vein. However, bronchus appears to be the most commonly associated structure as per multiple modern interpretations[20].

Kalantara Pranahara Marmas are believed to possess dual properties of *Soma* and *Agni*. While *Agni* acts immediately and extinguishes rapidly, *Soma* acts gradually over time. Therefore, when both qualities coexist in such a *marma*, the manifestation of symptoms is delayed but eventually evident[21]. Trauma involving the thoracic cavity may result in accumulation of blood (*Raktapoornakoshta*) or air (*Vatapoornakoshta*), leading to conditions such as pneumothorax or haemothorax. Pneumothorax occurs when air leaks into the pleural cavity, the space between the chest wall and lung, causing the lung to collapse due to external pressure[22].

Pneumothorax can arise either spontaneously or from chest trauma. In some traumatic cases, sharp injury may perforate the lung tissue, causing accumulation of air in the pleural space. The collapse could be total or partial[23]. It has clinical implications similar to fluid accumulation in the lungs, causing compression and atelectasis, and may lead to respiratory distress[24]. Symptoms typically include sudden chest pain and dyspnoea. On the other hand, haemothorax refers to the presence of blood within the pleural space, particularly when the haematocrit of the pleural fluid exceeds half the peripheral blood level[25]. Haemothorax is most frequently caused by trauma such as rib fractures or blunt force injuries, commonly seen in vehicular accidents. The ruptured pleura leads to bleeding into the pleural cavity, which cannot be naturally expelled. Patients typically experience pain during breathing. A massive haemothorax, defined as over 1000 ml of accumulated blood, may result in hypovolemic shock.

Discussion

The location of *Apastambha Marma* is described as bilateral in the chest, where two *Vatavaha Nadi* are situated. The gross location is indicated as laterally on both sides of the third costal cartilage, corresponding closely with the hilum of the lungs, where the right and left pulmonary bronchi are situated. Trauma to this area can cause pneumothorax, resulting in respiratory distress and potentially death, which is in alignment with the *Viddha Lakshana* mentioned for *Apastambha Marma*. The pulmonary root connects the medial surface of the lung to the heart and trachea and is composed of several structures including the principal bronchus, pulmonary artery, two pulmonary veins, bronchial arteries and veins, a pulmonary autonomic plexus, lymph vessels, bronchopulmonary lymph nodes, and loose connective tissue—all enveloped by the pleura[26].

Apastambha Marma is described as being 1/2 *Angula* in size, which is approximately 1 cm[27]. Though classical texts mention *Marma* measurements in *Angula*, they do not specify exact dimensions in terms of length, breadth, or depth; hence, the 1/2 *Angula* measurement is considered in all aspects. As per *Ayurveda*, each *Marma* is composed of *Mamsa, Sira, Snayu, Asthi,* and *Sandhi*, but one structure is predominant and used for classification. *Sushruta* has classified *Apastambha Marma* as a *Sira Marma*[28], while *Acharya Vagbhata* refers to it as a *Dhamani Marma.*

According to recent research by Dr. Patil, both the hila of lungs where the right and left bronchi are located should be considered as the site of *Apastambha Marma*. Injury to this region can cause

pneumothorax, leading to respiratory distress and possibly death. Rib fractures may pierce the bronchus, causing air leakage and complications such as mediastinal emphysema and haemothorax, which aligns with symptoms like *Kasa, Shwasa,* and *Marana* as described in *Viddha Lakshana*[29].

A five-year retrospective study reported that the main presenting features of chest injury were pneumothorax and haemopneumothorax in 83% of cases, with the majority having fractured ribs[30]. Pneumothorax refers to air in the pleural space and can lead to partial or complete lung collapse. Haemothorax refers to blood accumulation in the pleural cavity. Both can present with symptoms such as chest pain, cold and clammy skin, rapid heart rate, hypotension, shallow breathing, restlessness, and anxiety. Injury to the pulmonary artery or vein leads to significant disruption in respiratory and circulatory function. Pulmonary artery damage reduces blood flow from the right ventricle to the lungs, while pulmonary vein injury affects oxygenated blood return to the heart. This aligns with the *Viddha Lakshana* mentioned by *Vagbhata* - *Shonitapoornakoshta*. These conditions are characterized by haemothorax, cough reflex (*Kasa*), breathlessness (*Shwasa*), and eventual death (*Marana*), suggesting involvement of both pulmonary and bronchial vessels at the site of *Apastambha Marma*.

The rupture of the bronchus or trachea may also affect the phrenic nerve, resulting in hiccups or even diaphragmatic paralysis, which disrupts respiratory rhythm. This too supports the symptoms of *Kasa, Shwasa,* and *Marana.* Furthermore, bronchial rupture leads to pneumothorax and severe dyspnoea. When the mediastinal pleura is compromised, the symptoms mirror those of *Vata Purna Koshta* as described by *Sushruta.*

Classical description of *Apastambha Marma* aligns anatomically with the site near the principal bronchus, particularly because the trachea exists as a single structure, while two *Vatavaha Nadi* are mentioned. Hence, the main bronchi are more likely candidates. Additionally, pulmonary arteries and veins, which transport deoxygenated and oxygenated blood respectively, must also be considered due to *Apastambha Marma* being structurally classified under *Sira/Dhamani Marma*[31][32].

The probable structures of *Apastambha Marma* based on five Ayurvedic structural entities include:

- ***Mamsa***: Smooth muscles of bronchioles, thoracic cage muscles, pectoral muscles.
- ***Sira***: Pulmonary arteries, pulmonary veins, bronchial artery and vein, aortic arch.
- ***Snayu***: Elastic connective tissue, pleura, endothoracic fascia, vagus and phrenic nerves, pulmonary plexus.
- ***Asthi***: Ribs, costal cartilages, cartilaginous plates of bronchial tree.
- ***Sandhi***: Tracheobronchial ring junction at the 4th thoracic vertebra, carina, sternocostal joints.

Clinical evidence supports this correlation. In a case report on traumatic bronchial rupture following a road traffic accident, CT imaging revealed right-sided tension pneumothorax (*Vata Purna Koshta*), a large tear in the right main bronchus, contusions in the left lung, and multiple rib fractures. The patient exhibited severe dyspnoea and low oxygen saturation. This report highlighted that bronchial rupture is a life-threatening yet often missed diagnosis in initial trauma assessments.

Approximately 75% of such injuries occur within 2 cm of the carina, correlating well with the *Ardhangula Pramana* (1/2 *Angula*) measurement of *Apastambha Marma*[33].

Another report emphasized that rupture of the bronchus typically presents with mediastinal and neck emphysema, haemoptysis, dyspnoea, and cyanosis—again reflecting both vascular and airway compromise. These findings align with the *Ayurvedic* description of *Shonita Purna Koshta, Kasa*, and *Shwasa*[34]. Even during surgical or diagnostic procedures, injury to this vital region can occur. A case of accidental bronchial rupture due to insertion of a left-sided double-lumen endotracheal tube led to complications such as mediastinal emphysema, tension pneumothorax, mediastinitis, and sepsis. These complications reaffirm the criticality of *Apastambha Marma* and the ancient caution laid out by *Acharya Sushruta* about manipulating vital points of the body[35].

Thus, the ancient concept of *Apastambha Marma* remarkably aligns with modern anatomical and clinical understanding of thoracic injuries, especially those involving the principal bronchi and pulmonary vasculature. The *Viddha Lakshanas* described - *Kasa, Shwasa, Vata Purna Koshta, Rakta Purna Koshta,* and *Marana* are clearly evident in modern trauma and emergency medicine, proving the timeless relevance of *Marma* science.

Conclusion

Apastambha Marma, one of the 107 vital points described in *Ayurveda*, is located bilaterally in the thoracic region (*Ura*) and is classified as *Kalantara Pranahara Marma*. Based on classical literature and clinical correlations, its anatomical site is likely near the bronchus about 2 cm lateral to the carina where vital structures like the bronchus, pulmonary vessels, and bronchial vessels converge. As a *Sira/Dhamani Marma*, damage to this area can cause serious complications such as dyspnoea, cough, pneumothorax, or haemothorax, and may even result in death. Understanding this *marma* is clinically important, especially during procedures like endotracheal intubation or mediastinoscopy, where inadvertent injury is possible. This review highlights the structural significance and clinical relevance of *Apastambha Marma*, offering insights that may aid in diagnosis, prognosis, and surgical safety.

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